



# **PUBLIC HEALTH**

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HEALTHIER WASHINGTON**

## **Background on Creation of the Governor's Interagency Council on Health Disparities**

Craig McLaughlin, Executive Director  
WA State Board of Health, February 8, 2007

# Timeline: 2000-2002



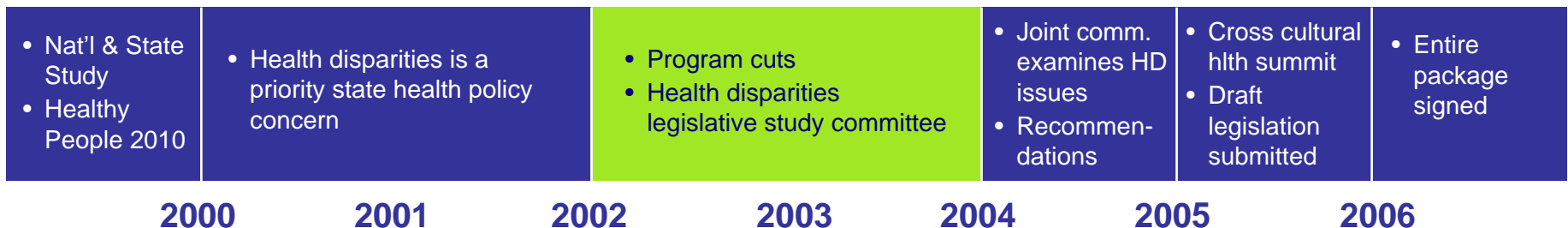
- Concerns build in communities of color about access to care.
- Concerns build among providers about nursing shortage and workforce diversity.
- SBOH identifies health disparities as priority; focuses on health care workforce diversity.
- Senator Franklin rises to leadership position; gains respect as a health policy leader in Legislature and among communities of color.
- Health provider groups, health advocacy groups (e.g., WHF, WSMA, WSNA, GHF, WSDF) begin including health disparities among their priorities.

<ul style="list-style-type: none"><li>• Nat'l &amp; State Study</li><li>• Healthy People 2010</li></ul>	<ul style="list-style-type: none"><li>• Health disparities is a priority state health policy concern</li></ul>	<ul style="list-style-type: none"><li>• Program cuts</li><li>• Health disparities legislative study committee</li></ul>	<ul style="list-style-type: none"><li>• Joint comm. examines HD issues</li><li>• Recommendations</li></ul>	<ul style="list-style-type: none"><li>• Cross cultural hlth summit</li><li>• Draft legislation submitted</li></ul>	<ul style="list-style-type: none"><li>• Entire package signed</li></ul>	
2000	2001	2002	2003	2004	2005	2006

# Timeline: 2002-2004



- State revenue downturn results in major cuts in Medicaid and other medical care programs; communities of color, health provider groups, and others mobilize in opposition.
- Senator Franklin proposes a legislative HD study committee; original scope was income-based health disparities and access to health care. There is difficulty gaining adequate legislative support.
- An unforeseen and unfortunate incident in the Legislature creates a political need to demonstrate state-level concern for racial and ethnic minorities. Senator Franklin seizes opportunity to establish an HD legislative study committee.



# Timeline: 2004-2005



- Senator Franklin and Representative Dawn Morrell lead joint committee in comprehensive, bipartisan examination of HD issues, including social determinants, health disparities, and care disparities.
- After broad and deep public testimony, carefully drawn, limited recommendations lead to consensus among legislative study committee members. Joint committee members approve the report unanimously.

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# JSC Recommendations



It is the policy of the State to address disparities “in communities of color and among women” by “action plan and statewide policy to include”—

1. Action plan shall include health impact statements that measure and address other social determinants of health...as well as other contributing factors (health literacy, activity, nutrition); flexibility to be maintained
2. Workforce represents diversity of the State
3. Relevant, accurate data on workforce, students, and patients
4. Increased cultural competency

# JSC Recommendations



5. Health literature and interpretive services appropriate to age, gender, culture, language
6. Interagency council under Governor “to promote and facilitate communication, collaboration, and cooperation”
7. Continue DOH focus on race, ethnicity, and gender in disease-specific plans
8. Establish health home for all
9. SBOH member to represent tribes
10. Systematically review policies “up front” to determine positive or negative impacts on health disparities (based on disaggregated data)

# Timeline: 2005



- State commissions partner with major state health agencies and community groups to convene summit on diversity and health disparities. Governor's office, legislators, and other political leaders participate. The event is well attended by members of communities of color. Widespread community collaboration begins toward legislative session.
- Senator Franklin, Representative Morrell, and key community group members hold meetings with Governor Gregoire, her staff, and key legislative leaders explaining JSC recommendations, securing support for the concepts.

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# Timeline: 2005 (cont'd)



- Informal discussions held with state agencies to identify issues and concerns regarding implementation, preliminary resource requirements, and acceptability of JSC recommendations.
- Health committees briefed on JSC report and recommendations.
- WHF drafts legislation to implement the JSC recommendations and submits it to Senator Franklin and Representative Morrell for their consideration.
- Senator Franklin's office breaks up WHF proposal into five bills

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# Legislative Package



Five bills (2 combined); \$600K for implementation.

- **SB 6193:** Biennial surveys of licensed professionals to determine characteristics, including race and ethnicity
- **SB 6194:** Multi-cultural training in health professional curricula and continuing education for health professionals
- **SB 6196:** Tribal government representative on SBOH
- **SB 6197:** Create Governor's Interagency Coordinating Council on Health Disparities to plan for the elimination of health disparities; establish health impact reviews (formerly SB 6195)

# Timeline: 2006



- **January**—Five companion bills introduced in both the House (by Representative Morrell) and Senate (by Senator Franklin) containing virtually all the language in the WHF draft.
- Bills are heard in the House and Senate. The Senate package is amended slightly and moves through policy and budget committees, and then through the Senate with few objections or concerns. Higher education and health provider concerns about education requirements are settled.
- Funds are earmarked for implementation in the Senate budget.

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# Timeline: 2006 (cont'd)



- **February**—Senate bills heard in the House. Cost and implementation concerns surface and are resolved favorably as community groups (foundations, labor, nurses, other health providers, and community coalitions of color) and established community leaders make clear the importance of the package.
- **March**—The package reaches Governor Gregoire's desk. Another round of implementation concerns surfaces. Governor Gregoire, hearing once again about the importance of the legislative package to communities of color and health leaders, signs the entire package.
- **July**—Implementation begins (office expansion, reorganization, hiring, clarify legislative intent, appointments, and policies & procedures)

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# SSB 6197: Elements



- **Action plan:** By 2012, create state action plan for eliminating health disparities. The plan will look at health disparities broadly and must address a number of diseases and conditions specified in the legislation.
- **Advisory committees:** Establish advisory committees for specific issues.
- **Language barriers:** After holding hearings and conducting research, issue recommendations for improving availability of culturally appropriate health literature and interpretive services in public and private health agencies.
- **Communication:** Promote communication among state agencies and between agencies, communities of color, public sector, and private sectors about disparities.

# SSB 6197: Elements



- **Information gathering:** Through public hearings, inquiries, studies, and other efforts, work to understand how the actions of state government ameliorate or contribute to health disparities.
- **Updates:** The Council must update the Legislature on its progress in 2008, 2010, and 2012.
- **Health impact reviews:** Collaborate with the Board in the development of health impact reviews requested by the Governor or the Legislature.

# SSB 6197: Intent



- **Scope:** Plan is to:
  - Be specific to race/ethnicity and gender
  - Address both listed conditions and social determinants
  - Address universe of issues, then more strategically focused recommendations
- **Consumers:** Specifically not from health care setting
- **Purpose:** Extension of previous work within high-level policy framework established by JSC (not expanded scope or revisiting earlier work)

For more information, please contact:

*Craig McLaughlin*

*Executive Director*

*Washington State Board of Health*

*PO Box 47990*

*Olympia, WA 98504-7990*

*(360) 236-4106*

[Craig.mclaughlin@doh.wa.gov](mailto:Craig.mclaughlin@doh.wa.gov)